



Canadian Association of Chiefs of Police

Supporting police professionals through innovative and inclusive police leadership to advance the safety and security of all Canadians.

SME RESEARCH BRIEF

Opioid Overdoses and Points of Contact

*Prepared by The Centre for Social Data Insights and Innovation, Statistics Canada
Prepared for the Canadian Association of Chiefs of Police Research Advisory Committee*

This review briefly describes Statistics Canada's current research on the opioid crisis, focusing on the demographics of people who experience opioid overdoses and the institutions they interact with.

Overview: The opioid epidemic

Canada is grappling with an opioid crisis, and in 2016, after seeing disproportionately high increases in deaths due to illicit drug overdoses, British Columbia declared a public health emergency.

The COVID-19 pandemic has only exacerbated this crisis, with the opioid overdose death rate increasing by 65% since the period just before the pandemic (January to March 2020).¹ Most of these deaths were in British Columbia, Alberta, and Ontario, with British Columbia reaching its highest-ever rate in a calendar year in 2021.² Other jurisdictions are also seeing a major impact; Yukon now has the highest opioid death rate in Canada.

About the research

This research review includes Statistics Canada studies conducted in British Columbia (opioid overdoses in 2014 through 2016 as well as 2011 through 2016) and Simcoe Muskoka, Ontario (opioid overdoses in 2018 through 2019). The cohorts in these studies included people who experienced both fatal and non-fatal overdoses. It also includes a national study (excluding Quebec) on hospitalizations between 2011 and 2016 due to opioid poisonings.

Information for police intervention

Quick intervention is crucial, as many overdoses happen shortly after contact with police, as with other systems—especially fatal overdoses, which are more likely to be preceded by police contact. In BC, three-quarters of the fatal overdose cohort had contact with police in the year before their death, and for one-third, the window was just 90 days. To identify people at risk of overdose and intervene effectively, coordination with other points of contact is crucial, namely healthcare, social assistance, and employers. People who experience overdoses and have had police contact are likely to have been in contact with multiple institutions. Women, for example, may be better reached through contact with hospitals.

Police are an important component of any strategy to address the opioid crisis, even though many of the people in these cohorts did not have police contact. In addition, police will need support to make sure their interventions are timely and effective.

¹ Public Health Agency of Canada. Opioid and stimulant-related harms in Canada (December 2021). Available online: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

² British Columbia Coroners Service. Illicit drug toxicity deaths in BC: January 1, 2011 – October 31, 2021. Available online: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

The risk of opioid overdose cuts across many demographics, but the data help to identify groups at the greatest risk of overdose: economically vulnerable, receiving social assistance, in contact with the healthcare system, and non-violent offenders. However, it is vital to remember the wide range of people who may use opioids and the different impacts they experience; for example, though opioid use trends toward younger Canadians, older Canadians are at greater risk of fatal overdose.

Finally, construction workers seem to form a distinct risk group within this cohort, sustaining employment and substantial earnings in contrast with other groups at risk. Employers and workplace rehabilitation programs for work-related injuries or chronic conditions may be a better point of contact for this group.

What does the evidence say?

The data show us which systems and institutions people interacted with around or before the time of their overdose, along with some demographic information:

- **People who experienced overdoses tended to be economically vulnerable and to have received social assistance benefits.**
 - Simcoe Muskoka cohort: 62% were unemployed in the year before overdose; 38% were unemployed for all five years before overdose. Over half received social assistance in the year before overdose.
 - British Columbia fatal overdose cohort: 68% who had contact with police also received social assistance benefits in at least one of the five years before death; 34% received those benefits in all five years.
 - Rates of hospitalized opioid poisonings (i.e., overdoses) were highest for people unemployed or not in the labour force, and nearly three times higher for renters than homeowners.
- **Among those who were employed, many worked in the construction sector.**
 - Simcoe Muskoka cohort: One-third of employed men who experienced overdoses worked in construction, compared to 17% of employed men working in construction in the general population.
 - British Columbia cohort: 21% worked in construction, compared to 8% in the general population.
- **Most had contact with the healthcare system around or before the time of their overdose.**
 - British Columbia cohort: 62% visited an emergency room in the year before their first overdose; 32% did so three or more times. About one-third were admitted for acute care as in-patients in the year before their first overdose.
 - Simcoe Muskoka cohort: 86% visited an emergency room or were hospitalized in the two years before overdose.
- **Most people who experienced overdoses had no formal contact with police (i.e., an official intervention with a person accused of a crime), but a substantial minority did, largely for non-violent offences.**
 - British Columbia cohort: 39% had police contact in the two years before overdose; half of those had three or more contacts. Most were for non-violent offences like shoplifting (17%) or disturbing the peace (11%).
 - Simcoe Muskoka cohort: 44% had police contact in the two years before overdose. 82% were for non-violent offences.
- In the Simcoe Muskoka cohort, 19% of people who experienced an overdose had contact with all three systems—healthcare, justice, and social assistance—and 98% had contact with at least one.

Other factors and limitations

These studies mostly focus on British Columbia (and the City of Surrey) and Simcoe Muskoka, Ontario, though one study is national, not including Quebec.

Wastewater analyses from 2019 and hospitalization records suggest that opioid use varies between cities and regions, though the data presented here show that the context of opioid use in these two cities was notably similar.³

Though the BC study did have data on dispensed prescriptions (opioid and non-opioid) in the year before overdose, no clear pathway from prescription has been identified. Less than half of those in the British Columbia cohort received a prescription opioid in the year before their overdose.

We can examine tendencies in these cohorts, but a key challenge is how the opioid crisis cuts across demographic groups in various ways. Though men were overrepresented in these overdose cohorts and in fatal overdoses specifically, hospitalization rates were higher for women. Similarly, young adults between 25 and 44 account for more than half of those experiencing overdoses, but the risk of an overdose being fatal was higher for older adults (45 to 64). Awareness of risk factors and how they cluster is informative, but further research is necessary to fill the gaps and identify groups that may have distinct socioeconomic traits, like young men working in construction.

Key references

[Understanding the socioeconomic profile of people who experienced opioid overdoses in British Columbia, 2014 to 2016](#)

[Prior contact with the criminal justice system among people who fatally overdosed on illicit drugs in Surrey and in British Columbia, 2011 to 2016](#)

[Employment and Social Assistance Receipt Among Overdose Fatalities in British Columbia](#)

[Study: Understanding opioid overdoses in Simcoe Muskoka, Ontario, 2018 and 2019](#)

[Wastewater-based Estimates of Cannabis and Drug Use in Canada: Pilot test Detailed Results](#)

[Social and economic characteristics of those experiencing hospitalizations due to opioid poisonings](#)

To learn more

For more information, please contact:

Shannon Brennan

Acting Assistant Director – Centre for Social Data Insights and Innovation

Statistics Canada / Government of Canada

shannon.brennan@statcan.gc.ca

³ Statistics Canada. Wastewater-based estimates of cannabis and drug use in Canada: Pilot test detailed results (August 2019). Available online: <https://www150.statcan.gc.ca/n1/pub/11-621-m/11-621-m2019004-eng.htm>